MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05679

5667

CERTIFICATE OF DEATH

Reg. Dist. No. 202

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY KENT MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 37 CHESTERTOWN
LENGTH OF STAY (In this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS 72 KENT + QUEEN ANNE'S HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY KENT
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CHESTERTOWN 37
STREET ADDRESS (If rural give location) 409 WASHINGTON AVE 1

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) ANTHONY (Last) BELL

4. DATE OF DEATH: (Month) JUNE (Day) 7 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):

8. DATE OF BIRTH: JAN 21, 1875

9. AGE last birthday 80 yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER - RETIRED

10B. KIND OF BUSINESS OR INDUSTRY: AGRICULTURE

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S. BORN

13. FATHER'S NAME: JOHN BELL

14. MOTHER'S MAIDEN NAME: ELIZABETH CROW

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

15. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Louise Crow Bell HOSPITAL RECORDS Chestertown Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X IMMEDIATE CAUSE (A) CEREBRAL THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH 2 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO

(C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 5, 1955, to June 7, 1955, that I last saw the deceased alive on June 7, 1955, and that death occurred at 6:15 P M, from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS Chestertown, Md. DATE SIGNED 6-7-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF June 10, 1955 — NAME OF CEMETERY OR CREMATORY Shrewsbury Cemetery — LOCATION (City, town, or county) (State) Locust Grove - Kent Co. Md.

DATE REC'D BY LOCAL REGISTRAR June 10-1955 — REGISTRAR'S SIGNATURE Clara S. Barnes,

24. FUNERAL DIRECTOR Marvin V. Williams — ADDRESS Chestertown - Md.

05680

MARYLAND 5678

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 203

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Kent — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall — LENGTH OF STAY (in this place) All my life — HOSPITAL OR INSTITUTION OR STREET ADDRESS Piney Neck.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Kent — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall — STREET ADDRESS (If rural, give location) Piney Neck.

3. NAME OF DECEASED (Type or Print): (First) S (Middle) Arnold (Last) Bryden.

4. DATE OF DEATH: (Month) June (Day) 13 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 30 1885

9. AGE last birthday: 69 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY: Fishing

11. BIRTHPLACE (State or foreign country): Piney Neck Rock Hall. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Singleton Thomas Bryden.

14. MOTHER'S MAIDEN NAME: Mary Dudley Crouch.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No.

16. SOCIAL SECURITY No.: 220-28-1097

17. INFORMANT AND ADDRESS (Wife): Mrs Jennie W. Bryden Rock Hall. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis

420.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio Vascular

(c) Senility

INTERVAL BETWEEN ONSET AND DEATH: Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1954, to June 13, 1953, that I last saw the deceased alive on June 11, 1953, and that death occurred at 3 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert C Nutter — ADDRESS Rock Hall — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: June 15 1953 — NAME OF CEMETERY OR CREMATORY: Wesley Chapel Cemetery — LOCATION (City, town, or county) (State): Rock Hall Maryland

DATE REC'D BY LOCAL REG.: June 14 1953 — REGISTRAR'S SIGNATURE: S. Elwood Bruzon

24. FUNERAL DIRECTOR: Marvin L. Williams - Chestertown, Md. — ADDRESS

5668

MARYLAND STATE DEPARTMENT OF HEALTH

05681

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent and Queen Anne's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Worton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Jeffrey	Leroy	Coleman	June	2	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	May 29, 1955	yrs.		4		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
INFANT	—	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James L. Coleman	Emily Sue Matthews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Hosp. Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

768.5 **Immediate cause** (a) Pulmonary infection — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prematurity

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 5-29, 1955, to 6-2, 1955, that I last saw the deceased alive on 6-2, 1955, and that death occurred at 12:05 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. C. Dick	M.D.	Chestertown, Md	6-2-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 2 1955	Chester Cemetery	Chestertown, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 2-1955	Clara L. Barnes	Marvin V. Williams	Chestertown, Md

2055392372

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

05682

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

5679

CERTIFICATE OF DEATH

Reg. Dist. No. 203

1. PLACE OF DEATH
COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall
MARYLAND
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md
COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall
STREET ADDRESS (If rural, give location) Md

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
George	Henry	Davis	June	13	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	White		Mar 4 1876	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Waterman		Rock Hall	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Leo W. Davis	Rosa Harmon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	✓	Mrs Rhoda Davis Rock Hall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: Unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Hypertension Cerebrovascular
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 1, 1955, to June 13, 1955, that I last saw the deceased alive on June 13, 1955, and that death occurred at 2 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Herbert C Mitch — ADDRESS Rock Hall — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	6/16/55	Wesley Chapel	Rock Hall	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/16/55	S. Elwood Burgess	Edgar L. Lane	Rock Hall Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05683

5669

CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 37 Chestertown
LENGTH OF STAY (in this place) 15 minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS 72 Kent & Queen Anne Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: 17X-2
STATE Md COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Ches~~ Sudlersville, Md
STREET ADDRESS (If rural give location) ¼ miles west of Sudlersville, Md

3. NAME OF DECEASED: (Type or Print) (First) BABY GIRL (Middle) (Last) DICKERSON

4. DATE OF DEATH: (Month) June (Day) 19 (Year) 1955

5. SEX: F
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: June 19, 1955
9. AGE last birthday ____ yrs. IF UNDER 1 YEAR Months ____ Days ____ IF UNDER 24 HRS. Hours ____ Min. 15

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Spencer Dickerson
14. MOTHER'S MAIDEN NAME: Clara Bessie Cain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. ____
17. INFORMANT & ADDRESS: James Dickerson, Sudlersville Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

7766 IMMEDIATE CAUSE (A) Premature delivery - about 24 weeks — 15 minutes

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/19, 1955, to 6-19, 1955, that I last saw the deceased alive on 6-19, 1955, and that death occurred at 3:20 M, from the causes and on the date stated above.

SIGNATURE Albert Dunn M. D. ADDRESS Chestertown Md DATE SIGNED 6-19-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 6-19-55
NAME OF CEMETERY OR CREMATORY Mt. Zion
LOCATION (City, town, or county) (State) Caroline Co. Md.

DATE REC'D BY LOCAL REGISTRAR June 19-1955
REGISTRAR'S SIGNATURE Clara L. Barnes.
24. FUNERAL DIRECTOR Family. ADDRESS Sudlersville. Md.

VS. A15—10-53

20652/13220

115684

MARYLAND — **STATE DEPARTMETT OF HEALTH**

5680

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Tolchester | LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Tolchester Park

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BALTIMORE 3Y01-4
STREET ADDRESS (If rural, give location): 2963 KESWICK Rd. ✓

3. NAME OF DECEASED (Type or Print): (First) Wm. (Middle) H. (Last) Dodd

4. DATE OF DEATH: (Month) (Day) (Year) 6/4/55 19

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: II/27/I883

9. AGE last birthday: 7I yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shipyard Worker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wm. Dodd

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: 213-09-3144

17. INFORMANT AND ADDRESS: Sarah V. Dodd 2963 Keswick Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary Thrombosis — Immediate

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic coronary artery disease — Years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify ~~that I attended the deceased~~ from ..... 19..... to ..... 19..... that I last saw the deceased ~~alive on ..... 19..... and~~ that death occurred at 3 30 p.m., from the causes and on the date stated above.

SIGNATURE Willard F. Smith (Degree or title) MD ADDRESS Rock Hall, Md DATE SIGNED 6/4/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: June 7 1955 | NAME OF CEMETERY OR CREMATORY: Meadowridge Mem. Park. | LOCATION (City, town, or county) (State): Davey Md.

DATE REC'D BY LOCAL REG.: June 6, 1955 | REGISTRAR'S SIGNATURE: C. M. Hedrick | 24. FUNERAL DIRECTOR: Paul E. Clemons (3615-41) | ADDRESS: Chestertown

05685

MARYLAND STATE DEPARTMENT OF HEALTH

5670

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2-02

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 37 Chestertown
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 72 Kentland Queen Anns

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Chestertown X
STREET ADDRESS (If rural, give location) Fairlee 1

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) (Last) Gale
4. DATE OF DEATH: (Month) June (Day) 1 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	Mar. 1, 1877	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland	U.S.A.

13. FATHER'S NAME: Pennell Jester
14. MOTHER'S MAIDEN NAME: Racheal VanTrump

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	don't know	Arthur Jester Stevensville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Generalized circulatory collapse	12 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pneumonia,	6 days
	(c)	

493X

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 5-30, 1955, to 6-1, 1955, that I last saw the deceased alive on 6-1, 1955, and that death occurred at 5 55/ p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. C. Fisk	M.D.	Chestertown Md	6-2-55

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	6/4/55	St. Paul's Cem.	near Chestertown, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 4 1955	Clara L. Barnes.	J. Willis Wells -	Chestertown, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

05686

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5671 **CERTIFICATE OF DEATH** Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY KENT MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 37 CHESTERTOWN
LENGTH OF STAY (in this place) 12 HRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 72 KENT & QUEEN ANNE'S

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY QUEEN ANNE'S
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SUDLERSVILLE RFX-2
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) MEDFORD (Middle) B. (Last) GRAHAM

4. DATE OF DEATH: (Month) JUN (Day) 22 (Year) 1955

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED
8. DATE OF BIRTH: FEB 23, 1886
9. AGE last birthday 69 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10B. KIND OF BUSINESS OR INDUSTRY: owner
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: PHILIP GRAHAM
14. MOTHER'S MAIDEN NAME: ANN HARMOR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) UNK (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT & ADDRESS: MARGARET GRAHAM - SUDLERSVILLE

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

587.0
IMMEDIATE CAUSE (A) CARDIAC FAILURE — 1 HR
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) ACUTE HEMORRHAGIC PANCREATITIS — 24 HRS
DUE TO
(C) POST-OP: LAPAROTOMY, CHOLECYSTECTOMY with drainage.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: FEB 22, 1955
19B. MAJOR FINDINGS OF OPERATION: ACUTE HEMORRHAGIC PANCREATITIS CHOLECYSTITIS & CHOLELITHIASIS
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6.22, 1955 to 6.22, 1955, that I last saw the deceased alive on 6.22, 1955, and that death occurred at 11½ PM, from the causes and on the date stated above.

SIGNATURE C. D. Kemp M. D. ADDRESS CHESTERTOWN, Md DATE SIGNED 6.23.55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Jun. 25, 1955
NAME OF CEMETERY OR CREMATORY Crumpton Cem.
LOCATION (City, town, or county) Crumpton Queen Anne (State) Md.

DATE REC'D BY LOCAL REGISTRAR June 28-1955
REGISTRAR'S SIGNATURE Clara S. Barnes,
24. FUNERAL DIRECTOR J. Willis Wells
ADDRESS Chestertown, Md.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5681

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05687 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 200

1. PLACE OF DEATH:
COUNTY: KENT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Millington
LENGTH OF STAY (in this place): all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Kent
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Millington, Md.
STREET ADDRESS (If rural, give location): Riley's Neck

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM [illegible] (Middle) OSCAR (Last) GROVES

4. DATE OF DEATH (Month) June (Day) 8, (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	Colored	Widowed	Aug. 7 1899	55 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Road Work	Millington, Kent Co, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Eugene Groves	Frances Lawrence

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no	213-22-8470	Alverta Hall (sister) Millington, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

921.0

Immediate cause (a) Asphyxia due to aspiration of chicken meat

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
		Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY home	21c. (City or town) (County) (State) Millington, Maryland
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 6/8/55 10:30 A.M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR? Aspirated chicken meat

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 6/9/55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 12/55	Greys Chapel-Riley Neck	Millington, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 11, 1955	Edward Fellows	Marvin V. Williams	Chestertown, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05688

5672

CERTIFICATE OF DEATH

Reg. Dist. No. 202

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

2055202311V

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown
LENGTH OF STAY (in this place) 37
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Annes Hospital 72

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Millington
STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED: (Type or Print) (First) SHARON (Middle) E (Last) JOHNSON

4. DATE OF DEATH: (Month) June (Day) 18 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Baby.

8. DATE OF BIRTH: May 16, 1955

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days 34 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY: Baby.

11. BIRTHPLACE (State or foreign country): Kent Co. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Reginald Johnson

14. MOTHER'S MAIDEN NAME: Violet Jefferies

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Violet Jefferies Millington Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

5719 IMMEDIATE CAUSE (A) Congenital debility (Prematurity) DUE TO — INTERVAL BETWEEN ONSET AND DEATH 3 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) Prematurity (6 months) DUE TO

(C) Enteritis one day.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1955, to June 18, 1955, that I last saw the deceased alive on 6/17, 1955, and that death occurred at 2 A. M, from the causes and on the date stated above.

SIGNATURE Ora Kraleuski M. D. ADDRESS Millington DATE SIGNED 6.18.55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 6/18/55

NAME OF CEMETERY OR CREMATORY Millington Cem.

LOCATION (City, town, or county) (State) Millington Md.

DATE REC'D BY LOCAL REGISTRAR June 21-1955

REGISTRAR'S SIGNATURE Clara L. Barnes.

24. FUNERAL DIRECTOR Edward Pellows ADDRESS Millington Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05689

5682

CERTIFICATE OF DEATH

Reg. Dist. No. 203

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rock Hall
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rock Hall X
STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) ELLSWORTH (Last) LEARY

4. DATE OF DEATH: (Month) June (Day) 21 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married | 8. DATE OF BIRTH: May 15 1884 | 9. AGE last birthday 71 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Marine Rail-way

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elmer E. Leary

14. MOTHER'S MAIDEN NAME: Bessie Stine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 213-10-7887

17. INFORMANT & ADDRESS: Geo. Leary Jr. Rock Hall, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSE (B) DUE TO Arteriosclerotic Coronary disease — years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. , 1952 to June 21, 1955, that I last saw the deceased alive on June 1 , 1955, and that death occurred at 5 A M, from the causes and on the date stated above.

SIGNATURE Willard F. Smith M. D. ADDRESS Rock Hall DATE SIGNED 6/22/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF June 23 | NAME OF CEMETERY OR CREMATORY Wesley Chapel | LOCATION (City, town, or county) Rock Hall (State) Md.

DATE REC'D BY LOCAL REGISTRAR 6/23/55 | REGISTRAR'S SIGNATURE D. Elwood Burgess | 24. FUNERAL DIRECTOR Edgar L. Lane - Church Hill Md. | ADDRESS

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05690

5683

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X BETTERTON
LENGTH OF STAY (in this place): 57 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00 —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): BETTERTON X
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) CAROLINE (Middle) LEITENBERGER (Last) LUIKE

4. DATE OF DEATH: (Month) 6 / (Day) 28 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~ (Specify): WIDOW

8. DATE OF BIRTH: 12/16/1873

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): PHILADELPHIA, PA.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: MICHAEL LEITENBERGER

14. MOTHER'S MAIDEN NAME: ELIZABETH AVE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) 4

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: MRS CHARLES RICE, BETTERTON, MD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — 420.1

			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A)	Complete heart block	24 hours
ANTECEDENT CAUSE (S) — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B)	Coronary occlusion	4 days
	DUE TO (C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Carcinoma of head of pancreas c̄ jaundice

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1955, to June, 1955, that I last saw the deceased alive on June 27, 1955, and that death occurred at 4:30 PM, from the causes and on the date stated above.

SIGNATURE Florence Deringer Joyce M.D. ADDRESS Worton, Md DATE SIGNED 6/29/55

23. BURIAL, ~~CREMATION,~~ ~~REMOVAL~~ (SPECIFY): BURIAL

DATE THEREOF: JULY 1, 1955

NAME OF CEMETERY OR CREMATORY: STILL POND CEMTY

LOCATION (City, town, or county) (State): STILL POND, MD.

DATE REC'D BY LOCAL REGISTRAR: 6/30/55

REGISTRAR'S SIGNATURE: E Kennard Jones

24. FUNERAL DIRECTOR: B. R. FELLOWS ADDRESS: STILL POND, MD.

CARCINOMA OF HEAD OF PANCREAS &
JAUNDICE

05691

MARYLAND 5684

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 203

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall
LENGTH OF STAY (in this place): 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rock Hall

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall
STREET ADDRESS (If rural, give location): Rock Hall

3. NAME OF DECEASED (Type or Print): (First) Rosa (Middle) Ella (Last) Lynch

4. DATE OF DEATH: (Month) June (Day) 10 (Year) 1955

5. SEX: Female. 6. COLOR OR RACE: White. 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: August 24, 1881 — 9. AGE last birthday: 74 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Kent County, Delaware
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George W. Hayes
14. MOTHER'S MAIDEN NAME: Virginia Coppage

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Willis Colvin Lynch - Rock Hall, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

170× Immediate cause (a) Pulmonary Oedema

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinomata of Breast Metastases to Lung

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Sept 1954 — 19b. MAJOR FINDINGS OF OPERATION: Carcinomata of Breast

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 19 55, to June 10, 19 55, that I last saw the deceased alive on June 9, 19 55, and that death occurred at 3 a.m. m., from the causes and on the date stated above.

SIGNATURE: Herbert C Nutter (Degree or title) — ADDRESS: Rock Hall — DATE SIGNED: June 10 55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: June 13 1955 — NAME OF CEMETERY OR CREMATORY: Wesley Chapel Cemetery — LOCATION (City, town, or county) (State): Rock Hall, Kent Co. Maryland

DATE REC'D BY LOCAL REG.: June 13/55 — REGISTRAR'S SIGNATURE: S Elwood Burgess

24. FUNERAL DIRECTOR — ADDRESS: Marvin V. Williams - Chestertown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05692

5673

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 37 Chestertown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 72 Kent + Queen Anne's

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown 37
STREET ADDRESS (If rural give location) 205 Cannon St. 1

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) Merchant

4. DATE OF DEATH: (Month) 6 (Day) 21 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):

8. DATE OF BIRTH: 6-20-55

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 17 Min. 5

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 0

10B. KIND OF BUSINESS OR INDUSTRY: 0

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Norman Pyle Merchant

14. MOTHER'S MAIDEN NAME: Lillian Eliz. Giles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: Father - 205 Cannon St. Chestertown

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

760.0 IMMEDIATE CAUSE (A) Cerebral Damage

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Cerebral Anoxia DUE TO

(C) Prolonged + Difficult Breech Birth

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0 —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-20, 1955 to 6-21, 1955, that I last saw the deceased alive on 6-21, 1955, and that death occurred at 10:25 PM, from the causes and on the date stated above.

SIGNATURE Raymond M. Atkins, M. D. ADDRESS Chestertown DATE SIGNED 6-21-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF June 22, 1955 NAME OF CEMETERY OR CREMATORY Ceilton Am. LOCATION (City, town, or county) Ceilton (State) Cecil Co. Md.

DATE REC'D BY LOCAL REGISTRAR June 23-1955 REGISTRAR'S SIGNATURE Clara L. Barnes.

24. FUNERAL DIRECTOR Edward Fellows ADDRESS Millington, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

20652824 46

05693

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5685

CERTIFICATE OF DEATH

Reg. Dist. No. 201

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY KENT MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) rural WORTON
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY KENT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural- WORTON
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) LOUISA MYERS (Last) SOLLOWAY

4. DATE OF DEATH: (Month) 6 (Day) 3 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~, (Specify):

8. DATE OF BIRTH: 9/26/1870

9. AGE last birthday 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): KENT Co Md

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: JOHN CHRISTIAN MYERS

14. MOTHER'S MAIDEN NAME: ANNA MARGARET REESE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: ANNA M. MYERS - WORTON, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

434.3 IMMEDIATE CAUSE (A) Pneumonia — 3 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Pulmonary Edema — 5 days

DUE TO (C) Anasarca — 1 month

Chronic Cardiac decompensation — ?

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Uremia — 1 month

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1954, to June, 1955, that I last saw the deceased alive on June 3, 1955, and that death occurred at 4:55 PM, from the causes and on the date stated above.

SIGNATURE Florence Merriam Joyce M. D. ADDRESS Worton, Md DATE SIGNED 6/3/55

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (SPECIFY) BURIAL

DATE THEREOF JUNE 5, 1955

NAME OF CEMETERY OR CREMATORY CHESTER CEMTY

LOCATION (City, town, or county) (State) CHESTERTOWN, MD.

DATE REC'D BY LOCAL REGISTRAR 6/13/55

REGISTRAR'S SIGNATURE E Leonard Jones

24. FUNERAL DIRECTOR B. R. FELLOWS ADDRESS STILL POND, MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05694

5674

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown
LENGTH OF STAY (in this place) I week
37
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne Hosp.
12

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown 37
STREET ADDRESS (If rural give location) 205 Water St 1

3. NAME OF DECEASED: (Type or Print) (First) Leonore (Middle) Wilmer (Last) Stam

4. DATE OF DEATH: (Month) (Day) (Year) 6/7/1955

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed

8. DATE OF BIRTH: Jan. 3, 1889

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mgr. Drug Store -

10B. KIND OF BUSINESS OR INDUSTRY: Part owner

11. BIRTHPLACE (State or foreign country): Kent Co. Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wm. B. Wilmer

14. MOTHER'S MAIDEN NAME: Ada Leonore Jessop

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
3

16. SOCIAL SECURITY NO. 2I3-22-9I58

17. INFORMANT & ADDRESS: Mrs. J. B. Whitworth Chestertown Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 466X	(A) Generalized circulatory collapse	6 hrs.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Thromboses cerebral arteries	5 months.
	(C) DUE TO Thrombosis left internal carotid artery	8 months

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 5-23-55 (1)

19B. MAJOR FINDINGS OF OPERATION: Excessive cerebrospinal fluid; pallor and shrinking of brain.

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1955, to 6-7, 1955 that I last saw the deceased alive on 6-7, 1955, and that death occurred at 11:55 M, from the causes and on the date stated above.

SIGNATURE A. C. Wilson M.D. ADDRESS Chestertown, Maryland DATE SIGNED 6-7-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 6/9/55 | NAME OF CEMETERY OR CREMATORY Chester Cem. | LOCATION (City, town, or county) (State) Chestertown, Md.

DATE REC'D BY LOCAL REGISTRAR June 9-1955 | REGISTRAR'S SIGNATURE Clara L. Barnes,

24. FUNERAL DIRECTOR ADDRESS J. Willis Wells - Chestertown, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05695

5675

CERTIFICATE OF DEATH

Reg. Dist. No. 202

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY KENT MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 37 CHESTERTOWN.
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 72 Kent & Queen Anne's.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY KENT.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LYNCH.
STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED: (Type or Print) (First) FLORENCE (Middle) (Last) STRAGUZZI

4. DATE OF DEATH: (Month) JUN (Day) 28 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: NOV 9 1882

9. AGE last birthday 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): PENNA.

12. CITIZEN OF WHAT COUNTRY? U S A.

13. FATHER'S NAME: PATRICK BONNER

14. MOTHER'S MAIDEN NAME: CANNON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: ROSARIO STRAGUZZI, LYNCH, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

585X IMMEDIATE CAUSE (A) Ruptured Gall-Bladder. INTERVAL BETWEEN ONSET AND DEATH 3 days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. ARTERIOSCLEROTIC HEART DISEASE

19A. DATE OF OPERATION: 6.26.55

19B. MAJOR FINDINGS OF OPERATION: NECROTIC GALLBLADDER & ABSCESS

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jun 23, 1955, to Jun 28, 1955, that I last saw the deceased alive on Jun 28, 1955, and that death occurred at 10:50 PM, from the causes and on the date stated above.

SIGNATURE Carlton J. Tierkop M. D. ADDRESS Chestertown, Md DATE SIGNED 6.28.55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 7/2/55

NAME OF CEMETERY OR CREMATORY Chester Cem.

LOCATION (City, town, or county) (State) Chestertown, Md.

DATE REC'D BY LOCAL REGISTRAR June 29-1955

REGISTRAR'S SIGNATURE Clara L. Barnes.

24. FUNERAL DIRECTOR ADDRESS J. Willis Wells - Chestertown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05696

5676

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

20652201300

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 37 Chestertown
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 72 Kent & Queen Anne Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural give location) R.F.D. # 2

3. NAME OF DECEASED: (Type or Print) (First) Betty Louise (Middle) (Last) THOMPSON

4. DATE OF DEATH: (Month) (Day) (Year) Jun 27, 1955

5. SEX: female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single

8. DATE OF BIRTH: Jun. 23, 1955

9. AGE last birthday yrs. IF UNDER 1 YEAR Months 4 Days; IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Chestertown, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Haywood Thompson

14. MOTHER'S MAIDEN NAME: Sarah Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. no

17. INFORMANT & ADDRESS: Haywood Thompson Chestertown, Md. R.FD. 2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 day

763.5

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Prematurity 860 gms at birth

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 23, 1955, to June 27, 1955, that I last saw the deceased alive on June 27, 1955, and that death occurred at 10 A.M, from the causes and on the date stated above.

SIGNATURE Florence Dennis Joyce M. D. ADDRESS Worton DATE SIGNED 6/27/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Jun. 28, 1955 — NAME OF CEMETERY OR CREMATORY Fairlee (col.) — LOCATION (City, town, or county) (State) Fairlee - Kent Co. Md.

DATE REC'D BY LOCAL REGISTRAR June 27-1955 — REGISTRAR'S SIGNATURE Clara L. Barnes.

24. FUNERAL DIRECTOR ADDRESS J. Willis Wells - Chestertown, Md.

05697

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5677

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH:
COUNTY KENT MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 37 CHESTERTOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 72 KENT & QUEEN ANN'S HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY KENT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN STILL POND X 1
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) H. (Last) TURNER

4. DATE OF DEATH: (Month) JUNE (Day) 24, (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: COLORED

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): MARRIED

8. DATE OF BIRTH: SEPT. 25, 1896

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MAIL CARRIER

10B. KIND OF BUSINESS OR INDUSTRY: U.S. POST OFFICE

11. BIRTHPLACE (State or foreign country): NEW JERSEY

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: DYRONIA TURNER STILL POND, MD.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 IMMEDIATE CAUSE	(A) Acute pulmonary edema	1 hour
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Coronary thrombosis	one year
	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. hypertension		3 years

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ——, 19—, to June 24, 1955, that I last saw the deceased alive on June 24, 1955, and that death occurred at 7:35 P M, from the causes and on the date stated above.

SIGNATURE Florence Deringer Joyce M. D. ADDRESS Worton, Md DATE SIGNED 6/28/55

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (SPECIFY) BURIAL

DATE THEREOF JUNE 30, 1955

NAME OF CEMETERY OR CREMATORY MT. ZION CEMETERY

LOCATION (City, town, or county) (State) STILL POND MD.

DATE REC'D BY LOCAL REGISTRAR June 29-1955

REGISTRAR'S SIGNATURE E. Kennard Jones

24. FUNERAL DIRECTOR B. R. FELLOWS ADDRESS STILL POND, MD.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING